## **STATEMENT OF**

| FORM 1                          | ORGANIZATION (See instructions)             |  |              | Office use only                         |  |
|---------------------------------|---|--|--------------|---|--|
| 1. NAME OF COMMITTEE (in f      | ull) (Check if name is changed)             | Example: If typying, type over the lines                                   | 12FE4M5      |   |  |
| Nationwide Mu                   | tual Insurance Company Finan                | ncial & Investments Politica   | 11           |   |  |
|                                 |   |  |              |   |  |
| ADDRESS (number and s           | treet) One Nationwide Pla                   | aza<br>  |              |   |  |
| (Check if address is changed)   |   |  |              |   |  |
|                                 | Columbus                                    |  | OH           | 43215   -                               |  |
|                                 |   | CITY▲  | STATE▲       | ZIP CODE 🔺                              |  |
| COMMITTEE'S E-MAIL              | _ ADDRESS (Please provide only one e        | *  |              |   |  |
| (Check if address X is changed) | pac@nationwide.co                           | om<br>   |              |   |  |
|                                 |   |  |              |   |  |
| COMMITTEE'S WEB F               | PAGE ADDRESS (URL)                          |  |              |   |  |
| (Check if address is changed)   |   |  | 11111        |   |  |
|                                 |   |  |              | <u> </u>                                |  |
| 2. DATE 0.4                     | / D D / Y Y Y Y Y 14                        |  |              |   |  |
| 3. FEC IDENTIFICAT              | TION NUMBER                                 | C C00406215  |              |   |  |
| 4. IS THIS STATEM               | ENT NEW (N) OR                              | X AMENDED (A)  |              |   |  |
| I certify that I have examin    | ned this Statement and to the best of my kr | nowledge and belief it is true, correct                                    | and complete |   |  |
| Type or Print Name of 1         | reasurer Mr. Gerard Gol                     | den  |              |   |  |
| Signature of Treasurer          | Electronically Filed by Mr. Gera            | erd Golden   | Date 0 4     | 1 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |  |
| NOTE: Submission of fals        | se, erroneous, or incomplete information m  | nay subject the person signing this St                                     | •            | s of 2 U.S.C. §437g.                    |  |
| Office<br>Use<br>Only           |   | For further information<br>Federal Election Comm<br>Toll Free 800-424-9530 | ission       | FEC FORM 1<br>(Revised 02/2009)         |  |